

February 23, 2000

Our Reference: WA-AR0195.90.R1

Mr. Ray Hanley, Director
Division of Medical Services
Arkansas Department of Human Services
Post Office Box 1437
Slot 1103
Little Rock, Arkansas 72203-1437

Dear Mr. Hanley:

I am pleased to inform you that your request to amend your Medicaid waiver to provide home and community-based services to Elderly eligible Medicaid recipients, as authorized under the provisions of section 1915(c) of the Social Security Act, has been approved effective February 1, 2000. This waiver has been assigned control number 0195.90.R1.01 which should be used in all subsequent correspondence.

Specifically, you submitted a request to amend page 18, Appendix D-1 b. Qualifications of Individuals Performing Initial Evaluations, in an effort to address patients who are routinely seen by a Registered Nurse Practitioner and/or an Advanced Practice Nurse.

If you have any questions, please contact Joe Reeder at 214-767-4419.

Sincerely,

James Randolph Farris, M.D.
Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations